

MAY 18 2005

PTO/SB/30 (10/2001)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

| | |
|------------------------|-------------------------|
| Application Number | 09/200,985 |
| Filing Date | November 30, 1998 |
| First Named Inventor | Michelle Y. Kim, et al. |
| Art Unit | 2176 |
| Examiner Name | M. Nguyen |
| Attorney Docket Number | 0280446AA |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR §1.114

a. Previously submitted

- i. Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. Other _____

b. Enclosed

- i. Amendment/Reply
- ii. Affidavit(s)/Declaration(s)
- iii. Information Disclosure Statement (IDS)
- iv. Other _____

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months (Period of suspension shall not exceed 3 months; Fee under 37 CFR §1.17(l) required)

b. Other _____

3. Fees The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0510

- i. RCE fee required under 37 CFR §1.17(e)
- ii. Extension of time fee (37 CFR §§1.136 and 1.17)
- iii. Other Any deficiencies

b. Check in the amount of \$ _____ enclosed

c. Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

COPY

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|---------------------|-------------------------------------------------------------------------------------|-------------------------------------|-----------------|
| Name (Print / Type) | Andrew M. Calderon | Registration No. (Attorney / Agent) | 38,093 |
| Signature |  | Date | August 21, 2003 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark

| | | | |
|---------------------|--|------|---------------------------------------------|
| Name (Print / Type) | | | |
| Signature | | Date | 05/26/2005 KWATSON 00000001 507510 09200985 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

9-200985

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| FOR <i>CPA</i> | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|--------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 4 | minus 20 = * |
| INDEPENDENT CLAIMS | 2 | minus 3 = * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

5/18/05 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------------------|-------------------------------------------|---|---------------------------------------------|------------------|
| Total <i>RC</i> | * | 7 | ** 20 | = |
| Independent | * | 2 | ** 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

| RATE | FEES | RATE | FEES |
|--------|-------|--------|-----------|
| | \$370 | | \$740 |
| X\$ 9= | | X\$18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL | | TOTAL | <i>pd</i> |

OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|--------------------|------------------------|
| X\$ 9= | | X\$18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL ADDT. FEE | | TOTAL ADDT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| Total | * | Minus | ** | = |
| Independent | * | Minus | ** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|--------------------|------------------------|
| X\$ 9= | | X\$18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL ADDT. FEE | | TOTAL ADDT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| Total | * | Minus | ** | = |
| Independent | * | Minus | ** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|--------------------|------------------------|
| X\$ 9= | | X\$18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL ADDT. FEE | | TOTAL ADDT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.